STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in the community of the community	(Check if name Example: If typying, type over the lines	12FE4M5
Allstate Insura	nce Company PAC	
ADDRESS (number and s	2775 Sanders Road Suite A5	
(Check if address is changed)		
	Northbrook	IL
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	MOLSON3@allstate.com	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)		
2. DATE 0 3	7 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA	TION NUMBER C C00040253	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correct a	nd complete
Time or Drint Name of	Treasurer Steven C Verney	
Type or Print Name of	Treasurer	
Signature of Treasurer	Electronically Filed by Steven C Verney	Date 03 / 26 / YYYYY
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this Sta	•
Office Use Only	For further information Federal Election Commis Toll Free 800-424-9530	